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PERMANENT COMMISSION ON THE STATUS OF WOMEN

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**Testimony of
Leslie J. Gabel-Brett
Executive Director
The Permanent Commission on the Status of Women
Before the
Public Health Committee
Monday, March 13, 2006**

**In support of
H.B. 5717, AA Requiring Acute Care Hospitals to Provide Forensic Nursing to
Victims of Physical or Sexual Assaults
S.B. 579, AAC Health Insurance Coverage for Medial Service and Treatment for
Morbid Obesity
S.B. 5474, AA Establishing a Teen Body-Wise Pilot Program
S.B. 386, AAC Revisions to the Office of Health Care Access Statutes**

Good morning Senator Murphy, Representative Sayers and members of the committee. My name is Leslie Gabel-Brett and I am the Executive Director of the Permanent Commission on the Status of Women. Today, I am testifying on behalf of the PCSW and the Connecticut Women's Health Campaign (CWHC), a statewide coalition of organizations representing consumers, providers and policy experts with particular interests in women's health care.

**H.B. 5717, AA Requiring Acute Care Hospitals to Provide Forensic Nursing to
Victims of Physical or Sexual Assaults**

The PCSW testified before this committee last week regarding health care services for victims of sexual assault, and we strongly support H.B. 5717, AA Requiring Acute Care Hospitals to Provide Forensic Nursing to Victims of Physical or Sexual Assaults as another important measure to ensure that rape victims receive the best possible health care.

As you may know, there is a special program to train nurses to care for victims of sexual assault and to conduct the forensic exam. According to experts and advocates who assist rape victims, these specialized nurses, known as “sexual assault nurse examiners” or S.A.N.E., are very well-equipped to provide medically appropriate care in a manner that is sensitive to the emotional needs of the victim. The bill under consideration would require every hospital to make the services of such a forensic nurse available to all victims of sexual assault, as well as to victims of other types of physical assault or trauma. We urge your support.

S.B. 579, AAC Health Insurance Coverage for Medial Service and Treatment for Morbid Obesity

S.B. 5474, AA Establishing a Teen Body-Wise Pilot Program

We urge you to support SB 579 that would provide limited coverage for diagnosis and treatment of morbid obesity including dietetic consultations, nutrition education and health and behavioral assessments. Obesity is of concern to women and girls, especially women of color. Obesity is more common among African-American and Hispanic women and children and low-income women.

Obesity is associated with significant health problems and is an early risk factor for disease and, ultimately, death.¹ Nationally, 15% of girls between 6-19 are considered overweight.² In Connecticut, 25% of children between the ages of 6-17 are considered overweight.³ In the US, 30% of the adult population is obese.⁴ Women are disproportionately obese: 33% of adult women are obese compared to 28% of adult men. Within Connecticut, 19% of the adult population is obese.⁵

Healthy diets significantly lower the risk of diabetes and heart disease. Approximately 1 of every 400 to 600 children have type 1 diabetes.⁶ Among adult women, 8.8% suffer from diabetes. In 1997, approximately 7% of Connecticut residents were estimated to suffer from diabetes and it was the 7th leading cause of death in Connecticut.⁷

In 2003, direct health costs associated with the treatment of obesity-related diseases amounted to \$75 billion, which rose from \$52 billion in annual spending in 1995. In 2003, health costs associated with obesity-related illnesses amounted to \$856 million in Connecticut.⁸

HB 5791 would create a pilot program to help adolescent girls specifically to develop good nutrition, positive body image and self-esteem. The bill lays out an

excellent interdisciplinary approach to improving nutrition education and self-esteem among our young women. We urge you to appropriate adequate funds to not only pilot the program, but market and evaluate it as well.

Increasing physical activity is particularly important for the health and well-being of girls. Many girls from racial or ethnic “minority groups” lack access to safe places to play and be active. Communities with a higher percentage of African American residents tend to have fewer available parks and green spaces.

- Girls are significantly less active than boys and more likely to be sedentary, yet 75% of them believe they get sufficient exercise. Nationally, 15% of girls between the ages of 6-19 are considered overweight.⁹
- Daily physical education in primary school has long-term, positive effects on the exercise habits in women as the likelihood of a physically active lifestyle increases significantly. If girls do not participate in a sport by the age of 10, there is less than a 10% chance that they will be participating in a sport at age 25.¹⁰
- Engaging in physical activity one to three hours a week beginning in the teenage years may bring a 20-30% reduction in the risk of breast cancer, and four or more hours of exercise a week can reduce the risk almost 60%.¹¹
- Furthermore, participation in physical activity leads to an increase in sports, which have been shown to positively impact girls’ sexual behavior.¹ Girls who participate in sports have been shown to be less likely to get pregnant, be virgins, have sex later in adolescence, have sex less often, and have fewer sexual partners.

Increasing physical activity for girls will also help with positive body image, confidence and positive mental health. Initiatives such as this which support the increase of physical activity help to curb health care expenditures through preventive measures.

We urge your support of these proposals.

S.B. 386, AAC Revisions to the Office of Health Care Access Statutes

We are concerned about the impact of the changes included in S.B. 386 and urge the committee to do nothing that would weaken the authority of the Office of Health Care Access to protect consumers. We are particularly concerned about sections of the proposed bill that change the rules regarding the need to obtain Certificate of Need approval before closing a facility or reducing services. As you may know, the PCSW and groups that advocate on behalf of women’s health have relied on that section of the CON statute several times in the past decade to protect vital health care services for women. Most recently, we were grateful to have the opportunity to participate in the OHCA hearing regarding plans to close the clinic at Lawrence and Memorial Hospital that provides pre-natal care to low-income women. OHCA had the authority to review that proposal, pursuant to the CON statute under consideration, and required the hospital to continue to provide these important services. We urge you to reject any changes that create wider exemptions or weaken the authority of OHCA with respect to reducing or eliminating services.

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- ¹ Committee on Nutrition, American Academy of Pediatrics. (2003) Policy Statement: Prevention of Pediatric Overweight and Obesity, *Pediatrics*, 112(2): 4242-430.
- ² Hedley, A., Ogden, C., Johnson, C., Carroll, M., Curtin, L., & Flegal, K. (2004). Overweight and obesity among US children, adolescents, and adults, 1999-2002. *Journal of the American Medical Association*, 291:2847-50.
- ³ Buhl, L., Meliso, P., Roman, S., Zito, K., and DeChello, L., University of Connecticut Graduate Program in Public Health, (2005), "Halting Childhood Obesity in Connecticut," Farmington, CT.
- ⁴ Flegal, K., Carroll, M., Ogden, C., and Johnson, C., (2002), "Prevalence and trends in obesity among U.S. adults, 1999-2000, *JAMA*, 288:1723-7.
- ⁵ Center on Disease Control, Behavioral Risk Factor Surveillance Survey, 2003, Adult Obesity, Diabetes and Hypertension Rates.
- ⁶ NIH, U.S. Department of Health and Human Services, National Diabetes Statistics Fact Sheet, Bethesda, MD, 2005.
- ⁷ Connecticut Department of Public Health, Diabetes Fact Sheet, viewed 2/8/06, [www. dph, state.ct.us/BCH/HEI/diabetes.htm](http://www.dph.state.ct.us/BCH/HEI/diabetes.htm)
- ⁸ Finkelstein, E., Feibelkorn, I., and Wang, G. (2004). "State-level estimates of annual medical expenditures attributable to obesity," *Obesity research*, 12:18-24.
- ⁹ Hedley, A., et. al., *op cit*.
- ¹⁰ Women Sports Foundation (2006).
- ¹¹ Bernstein, L., Henderson, B., Hanisch, R., Sullivan-Halley, J., & Ross, R. (1994). Physical exercise and reduced risk of breast cancer in young women. *Journal of the National Cancer Institute*, 86: 1403-1408.
- ¹² Dodge, T., & Jaccard, J. (2002). Participation in athletics and female sexual risk behavior: The evaluation of four causal structures. *Journal of Adolescent Research*, 17:42-67.